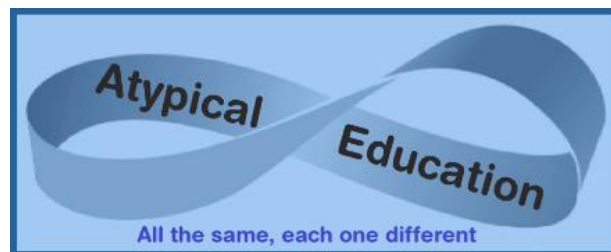


Health and Safety Policy

Atypical Education



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1. Aims

Atypical Education aims to:

- › Provide and maintain a safe and healthy environment
- › Establish and maintain safe working procedures amongst staff, pupils and all stakeholders
- › Have robust procedures in place in case of emergencies
- › Ensure that equipment is maintained safely and are regularly inspected

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

- › [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and responsibilities relating to lettings
- › [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- › [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures and arrange for appropriate information and training
- › [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- › [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which states that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- › [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- › [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- › [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- › [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

Atypical Education follows [national guidance published by the UK Health Security Agency \(formerly Public Health England\)](#) and government guidance on [living with COVID-19](#) when responding to infection control issues.

3. Roles and responsibilities

3.1 The local authority

Suffolk County Council has ultimate responsibility for health and safety matters but delegates responsibility for strategically managing such issues to the owner of Atypical Education.

3.2 The Owner

The owner is responsible for health and safety day-to-day. This involves:

- › Implementing the health and safety policy
- › Ensuring there is enough staff to supervise pupils safely

- Ensuring that the premises are safe and regularly inspected
- Providing adequate training
- Ensuring appropriate evacuation procedures are in place when working on a 1 to 1 basis
- Ensuring all risk assessments are completed and reviewed

3.3 Health and Safety Lead

The nominated health and safety lead is Emma Oxnam – Owner.

3.4 Staff

For this policy, 'staff' will refer to Emma Oxnam as a self-employed person and any contractors or volunteers. Staff must take care of pupils in the same way that a prudent parent would do so.

Staff will:

- Take reasonable care of their health and safety and that of others who may be affected by what they do at work
- Co-operate on health and safety matters
- Work following training and instructions
- Inform the appropriate person of any work situation representing a severe and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Pupils and parents

Pupils and parents are responsible for following health and safety advice, on-site and off-site, and reporting any health and safety incidents.

3.6 Contractors and Volunteers

Contractors and volunteers will agree on health and safety practices before starting work. Before work begins, they will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Fire

Staff will be trained in fire safety, and pupils will be aware of fire risks.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

Special arrangements will be in place for evacuating people with mobility needs, and fire risk assessments will also pay particular attention to those with disabilities.

5. COSHH

Control of substances hazardous to health (COSHH) risk assessments will be completed and provided with protective equipment, where necessary.

All hazardous products are kept in original containers, with clear labelling and product information.

Specific disposal procedures dispose of any hazardous products.

6. Equipment

All equipment and machinery are maintained following the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.

All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

6.1 Electrical equipment

- All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under supervision
- Any potential hazards will be reported and added to the risk assessment
- Where necessary, a portable appliance test (PAT) will be carried out by a competent person
- Wet hands will not touch electrical apparatus and connections and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

6.2 PE equipment

- Pupils are taught how to carry and set up equipment safely and efficiently, and concerns are raised with staff.
- Staff check that equipment is set up safely

6.3 Display screen equipment

- If computers are used daily and as a significant part of their everyday work, have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request and at regular intervals after that by a qualified optician (and corrective glasses provided if required specifically for DSE use)

7. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Working in a single occupancy office
- Remote working, self-isolation and remote learning

Potentially dangerous activities, such as those with a risk of falling from height, will not be undertaken when working alone. If there are doubts about the task, the task will be postponed.

If lone working is undertaken, a colleague, friend or family member will be informed about where the staff is and when they will likely return.

The lone worker will ensure they are medically fit to work alone.

8. Manual handling

It is up to individuals to determine whether they can lift or move equipment and furniture. If an individual feels that lifting an item could result in injury or exacerbate an existing condition, they will ask for assistance.

Staff and pupils are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

9. Off-site visits

When taking pupils offsite, we will ensure that:

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parent's contact details
- There will always be a first aider on trips and visits

10. Violence at work

We believe that individuals should not be in danger at work and will not tolerate violent or threatening behaviour.

Any aggression or violence (or near misses) directed at themselves will be reported to parents or schools immediately. This applies to violence from pupils, visitors or other staff.

11. Smoking

Smoking is not permitted in any enclosed workspace or public spaces.

12. Infection prevention and control

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

12.1 Handwashing

- Wash hands with liquid soap and warm water and dry
- Always wash hands after using the toilet, before eating or handling food, and after handling animals
- Cover all cuts and abrasions with waterproof dressings

12.2 Coughing and sneezing

- › Cover mouth and nose with a tissue
- › Wash hands after using or disposing of tissues
- › Spitting is discouraged

12.3 Personal protective equipment

- › Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and a risk assessment

12.4 Cleaning of the environment

- › Clean the environment, including toys and equipment, frequently and thoroughly

12.5 Cleaning of blood and body fluid spillages

- › Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- › When spillages occur, clean using a product that combines detergent and a disinfectant, and use as per the manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- › Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below

12.6 Animals

- › Wash hands before and after handling any animals
- › Supervise pupils when playing with animals

12.7 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures are working effectively.

We will follow local and national guidance on the use of control measures, including:

Following good hygiene practices

- › We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser and follow recommended practices for respiratory hygiene.

Implementing an appropriate cleaning regime

- › We will regularly clean the equipment

Keeping rooms well ventilated

- › We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening windows and doors and mechanical ventilation

12.8 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that are rarely serious in most children. These children are particularly susceptible to chickenpox, measles or slapped cheek disease (parvovirus B19), and if exposed to any of these, the parent/carers will be informed promptly, and further medical advice will be sought. We will advise these children to have additional immunisations, such as pneumococcal and influenza.

12.9 Exclusion periods for infectious diseases

We will follow the recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in Appendix 4.

In an epidemic/pandemic, we will follow advice from the UK Health Security Agency about the appropriate action.

13. New and expectant mothers

Risk assessments will be conducted whenever any employee or pupil notifies the school that they are pregnant.

Appropriate measures will be put in place to control the risks identified. Some specific risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to an antenatal carer and GP at any exposure stage. The same virus causes shingles as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP, as this must be investigated promptly
- Some pregnant women will be at greater risk of severe illness from COVID-19

14. Occupational stress

We are committed to promoting high levels of health and well-being and recognise the importance of identifying and reducing workplace stressors through risk assessment and work-life balance.

15. Accident reporting

15.1 Accident /First Aid Record Book

- An Accident/ First Aid form will be completed as soon as possible after the accident occurs
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept
- Records in the first aid and accident book will be retained for at least three years by regulation 25 of the Social Security (Claims and Payments) Regulations 1979 and then securely disposed of.

15.2 Reporting to the Health and Safety Executive

The DSL will record any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The DSL will report these to the Health and Safety Executive as soon as reasonably practicable and within ten days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

➤ Death

➤ Specified injuries. These are:

- Fractures other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space, which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours

➤ Injuries where an employee is away from work or unable to perform their regular work duties for more than seven consecutive days

➤ Where an accident leads to someone being taken to hospital

➤ Where something happens that does not result in an injury but could have done

➤ Near-miss events that do not result in an injury but could have done. Examples of near-miss events include, but are not limited to:

- The accidental release or escape of any substance that may cause a severe injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report – <http://www.hse.gov.uk/riddor/report.htm>

15.3 Notifying parents

The DSL will inform parents of any accident or injury sustained by a pupil and any first aid treatment given on the same day or as soon as reasonably practicable.

15.4 Reporting to Child Protection Agencies

The DSL will notify Customer First on 0808 800 4005 of any serious accident or injury to, or the death of, a pupil.

16. Training

Our staff are provided with health and safety training.

Staff who work in high-risk environments, such as in science labs or woodwork equipment or with pupils with special educational needs (SEN), are given additional health and safety training.

Appendix 1. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from the UK Health Security Agency. For each condition or complaint, there [is further information in the advice on the symptoms, how it spreads, and some 'dos and don'ts' to follow that you can check.](#)

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chickenpox (shingles)	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of the rash. Although the usual exclusion period is five days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered until the rash is dry and crusted over.</p>
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	<p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Anyone with a positive test result for COVID-19 should not attend the setting for three days after the day of the test.</p>
Rubella (German measles)	Five days from the appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they feel better; there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after antibiotic treatment.
Measles	Cases are infectious from 4 days before the onset of rash to 4 days after, so it is essential to ensure patients are excluded from school during this period.
Ringworm	Exclusion is not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents, carers, and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).

Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species before the child or food handler returns to school.
Diarrhoea and vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the entire course is completed and there is no further diarrhoea or vomiting for 48 hours after the procedure. For some gastrointestinal infections, more extended periods of exclusion from school are required, and microbiological clearance may be needed. Your local health protection team, school health adviser or environmental health officer will advise these groups. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for two weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, preschool infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	They are well enough to return within 48 hours from the last episode of vomiting and diarrhoea. Some infections may require extended periods (the local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	If well enough, patients and staff with infectious TB can return to school after two weeks of treatment as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate antibiotic treatment and feel well enough to do so, or 21 days from the onset of illness if there is no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.

Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until seven days after the onset of jaundice (or beginning of symptoms if no jaundice), if under 5, or where hygiene is poor. There is no need to exclude older children with good hygiene who will have been much more infectious before diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school, and their doctors will advise when they can return. Do not exclude instances of chronic hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	Five days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.